

2317

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>Arizona</u>		State File No. <u>153</u>	
Township <u>Phoenix</u>		or Village <u>Cashion (3 1/2 mi. So.)</u>		Registered No. <u>536</u>			
City <u>Phoenix</u>		No. <u>Cashion (3 1/2 mi. So.)</u>		St. <u></u>		Ward <u></u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred <u>51</u> yrs. mos. ds.				How long in U. S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME <u>Otis Amator</u>							
(a) Residence: No. <u>Route 1 Tombleson</u>				St. <u></u>		Ward <u></u>	
(Usual place of abode) (If nonresident give city or town and State)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Single</u>					
<u>Male</u>	<u>White</u>						
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>							
6. DATE OF BIRTH (month, day, and year) <u>Unknown</u>							
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.			
<u>55</u>							
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Rancher</u>						
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>						
	10. Date deceased last worked at this occupation (month and year) <u></u>						
11. Total time (years) spent in this occupation <u></u>							
12. BIRTHPLACE (city or town) (state or country) <u>California</u>							
FATHER	13. NAME <u>Frank Amator</u>						
	14. BIRTHPLACE (city or town) (State or country) <u>Mass.</u>						
	15. MAIDEN NAME <u>Eliza Howard</u>						
MOTHER	16. BIRTHPLACE (city or town) (State or country) <u>Mass.</u>						
	17. INFORMANT <u>Horace Amator</u>						
(Address) <u></u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Greenwood Cem.</u> Date <u>4/25</u> , 19 <u>33</u>							
19. UNDERTAKER <u>A. L. Moore and Sons</u>							
(Address) <u>Phoenix, Arizona</u>							
20. Filed <u>4-25</u> , 19 <u>33</u> <u>CEW</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Found 4/23, 1933</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>Did not attend</u> , 19 <u></u>							
I last saw him alive on <u></u> , 19 <u></u> ; death is said to have occurred on the date stated above, at <u></u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Severe aortic arteriosclerosis</u>							
<u>Thyroid</u>							
<u>Suspected poisoning by cyanide gas</u>							
Other contributory causes of importance: <u></u>							
Name of operation <u>None</u> Date of <u></u>							
What test confirmed diagnosis <u>Chemical</u> Was there an autopsy? <u></u>							
23. If death was due to external causes (violence) fill in also the following:							
Accident, suicide, or homicide? <u>Suicide</u> Date of injury <u>7</u> , 19 <u></u>							
Where did injury occur? <u>Cashion Maricopa Ariz.</u>							
(Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u>							
Manner of injury <u>Put his throat to cyanide gas?</u>							
Nature of injury <u>Severe aortic</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u>EC</u> M. D.							
(Signed) <u>EC</u> (Address) <u>16 E. Monroe</u>							